

**Communicable Disease Epidemiology
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Health Advisory: Update on H1N1 Activity and Clinical Guidance – 18 November 2009

Background: This advisory contains information about H1N1 activity, vaccine, antiviral treatment, pneumococcal vaccination and updated guidance on H1N1 influenza in intrapartum and postpartum hospital settings. Influenza activity remains high in King County but is trending down. Current ILI activity is comparable to the peak of the spring H1N1 outbreak. H1N1 is expected to continue to circulate for several months, including the possibility of a second H1N1 outbreak this flu season. There have been 194 hospitalizations and 7 deaths due to lab-confirmed 2009 H1N1 infection reported in King County since the “official” onset of the flu season (October 5th). For a complete surveillance report, see <http://www.kingcounty.gov/health/H1N1> (scroll down to “Important Links” on the bottom right). H1N1 vaccine continues to arrive more slowly than desired, but the supply is increasing each week. To-date, over 200,000 doses have been delivered or are en route to King County healthcare providers. However, because there are so many vaccinators participating, no one has received a large proportion of ordered vaccine. Please see the following action items to help minimize morbidity and mortality from H1N1 disease.

Action items:

Vaccine: Continue to immunize through the flu season.

- Persons in ACIP target populations should continue to seek vaccination over the coming weeks to months. These groups are:
 - Pregnant women
 - Caregivers of infants under age 6 months
 - Health care workers (HCW) and emergency medical services personnel (EMS)
 - All persons age 6 months through 24 years
 - Persons age 25 through 64 years with chronic medical conditions that increase their risk of influenza complications.
- When vaccine supply is adequate to meet the demand among high-risk groups, H1N1 vaccine will be expanded to all persons over 6 months of age who wish to be vaccinated. Persons not in ACIP target populations are not currently eligible for H1N1 vaccine.

Antiviral treatment

- Continue to consider early empiric antiviral treatment with oseltamivir or zanamivir to reduce the severity of illness and the risk of complications in persons with suspected or confirmed influenza who have risk factors for severe illness or have severe symptoms (see <http://www.cdc.gov/H1N1flu/antivirals/>).

Pneumococcal vaccination

- Immunize all persons for whom pneumococcal vaccine is indicated and who are not already immunized (particularly those under 65 years with medical risk factors) to reduce the risk for post-influenza pneumococcal pneumonia (see http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm)

Updated CDC Guidance: Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings

- Please see <http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>

- Public Health’s H1N1 information: <http://www.kingcounty.gov/health/h1n1>
- Information about vaccine supply and distribution in King County: <http://www.kingcounty.gov/health>
- CDC’s H1N1 information for healthcare providers: <http://www.cdc.gov/h1n1flu/guidance>
- The ACIP 2009 H1N1 vaccine recommendations:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>